Public Health
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
Dorothy F. Teeter, MHA, *Interim Director and Health Officer*

Annual TB Symptom Check Sheet

Date: _____

Name: _____

Date of Birth: _____

Patient ID Number: _____

Please answer the following questions:	Yes	No
Have you had a new cough for the last 3 weeks?		
If you have a chronic cough, has it become worse in the last 3 weeks?		
Have you coughed up blood in the last 3 weeks?		
Have you lost weight unintentionally in the last 2 months?		
Have you had fevers in the last 3 weeks?		
Have you been unusually tired for the last 3 weeks?		

Signature:_____

Tuberculosis Control Program – Prevention Division
Harborview Medical Center • 325 9th Ave, Box 359776 • Seattle, WA 98104
T (206) 731-4579 **F** (206) 731-4350 • www.metrokc.gov/health